Stakeholder Advisory Committee
CCS Discussion
July 23, 2012

At the beginning of the 1115 Waiver renewal process DHCS asked stakeholders:

What new approaches in the delivery of care for children with CCS eligible medical conditions can be designed to effectively manage and coordinate all of the children's health care needs?

The results of our discussions led to the identification of four potential health care delivery models:

- Existing Managed Care Health Plan
- Specialty Health Care Plan
- Enhanced Primary Care Case Management Program
- Accountable Care Organization

Questions to guide further development of these models:

1. What are the essential components of the current CCS program that should be preserved?

2. What requirements are needed to promote effective case management and care coordination?

3. What activities should the Department undertake to measure and monitor the performance of organized health care delivery systems, including support of quality improvement activities?

   At the conclusion of a series of CCS workgroup discussions, it was decided that an independent evaluation needed to be included along with the creation of a CCS Demonstration Advisory Committee~~.~~:
   - What critical performance measures must be included in the evaluation?

4. One of the guiding principles at the outset of the 1115 Waiver process for CCS was to "do no harm".
   - What are the components of performance measurement that should be included to ensure no harm?

5. What are important considerations for a successful transition of CCS enrollees into an organized system of care?

BACKGROUND INFORMATION
CCS Demonstration

The CCS program began in 1927 to serve children with orthopedically handicapping conditions that were amenable to surgical interventions. Over the 85 years since its inception, the program has evolved into a joint State/county program that provides medical case management and authorization of services for children with special health care needs who meet program medical, residential and financial eligibility requirements.

CCS services are provided to children enrolled in Medi-Cal, Healthy Families, and to children who are uninsured or who have private insurance (CCS-Only clients). Over the course of several decades, the CCS program has become increasingly complicated and difficult for participating providers, clients and their families, and county CCS programs to navigate.

Many infants, children, and adolescents served by the CCS program have multiple medical conditions that require intensive levels of case management and coordination of care that is often beyond the resources available in county programs or the state program regional offices. The case management of these challenging cases, accompanied by the continuous innovations in the care of complex medical conditions, has made it increasingly difficult to determine which medical services do or do not treat a child's CCS eligible medical condition. The complicated process of determining which services treat a child's CCS eligible condition can be an obstacle to timely access to care and can result in dissension between CCS programs and families, providers, and health plans requesting services for CCS children.

The "carve out" of CCS services provided to children enrolled in a Medi-Cal Managed Care Organization (MCO) leads to complex and often ineffective coordination of care and can challenge the ability of the MCO and the child's CCS specialty providers to provide continuity of care.

California's Section 1115 waiver demonstration renewal, which was effective November 1, 2010, presented the Department with an opportunity to transform the delivery of health care to children with significant health care needs enrolled in the CCS program and provide services in a more efficient manner that improves coordination and quality of care through integration of delivery systems, uses and supports medical homes and provides incentives for specialty and non-specialty care.